

<i>SERFF Tracking Number:</i>	<i>LFPL-126248852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43348</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Sterling Advertising Filing Five</i>		
<i>Project Name/Number:</i>	<i>LTC Advertising/</i>		

## Filing at a Glance

Company: Sterling Life Insurance Company	SERFF Tr Num: LFPL-126248852	State: Arkansas
Product Name: Sterling Advertising Filing Five	SERFF Status: Closed-Filed	State Tr Num: 43348
TOI: LTC03I Individual Long Term Care	Co Tr Num:	State Status: Closed
Sub-TOI: LTC03I.001 Qualified		Reviewer(s): Marie Bennett
Filing Type: Advertisement	Authors: Mary Boyden, Bill Conley, Melanie Glassic	Disposition Date: 09/11/2009
	Date Submitted: 08/26/2009	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: LTC Advertising	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/11/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/11/2009
Deemer Date:	Created By: Bill Conley
Submitted By: Melanie Glassic	Corresponding Filing Tracking Number:
Filing Description:	
Sterling Life Insurance Company	
Qualified Long-Term Care Insurance Filing	
FEIN Number: 13-1867829	
NAIC Number: 77399	

Long Term Care Advertising Filing: Brochure Form, LTCG2\_20 and Worksheet Form, LTCG2\_21

See attached cover letter for specific details.

## Company and Contact

SERFF Tracking Number: LFPL-126248852 State: Arkansas  
 Filing Company: Sterling Life Insurance Company State Tracking Number: 43348  
 Company Tracking Number:  
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
 Product Name: Sterling Advertising Filing Five  
 Project Name/Number: LTC Advertising/

### Filing Contact Information

Melanie Glassic, Compliance Analyst mglassic@lifeplansinc.com  
 51 Sawyer Rd 800-525-7279 [Phone] 425 [Ext]  
 Suite, 340 781-893-6905 [FAX]  
 Waltham, MA 02453

### Filing Company Information

(This filing was made by a third party - lifeplansinc)

Sterling Life Insurance Company	CoCode: 77399	State of Domicile: Illinois
1000 N. Milwaukee Ave. 6th Floor	Group Code: 317	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(360) 392-9251 ext. [Phone]	FEIN Number: 13-1867829	

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### Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$25.00	08/26/2009	30130514
Sterling Life Insurance Company	\$25.00	09/03/2009	30330608

SERFF Tracking Number:	LFPL-126248852	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
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Project Name/Number:	LTC Advertising/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	09/11/2009	09/11/2009
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Marie Bennett	09/03/2009	09/03/2009	Melanie Glassic	09/03/2009	09/03/2009
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>LFPL-126248852</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sterling Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43348</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Sterling Advertising Filing Five</i>		
<i>Project Name/Number:</i>	<i>LTC Advertising/</i>		

## Disposition

Disposition Date: 09/11/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LFPL-126248852	State:	Arkansas
Filing Company:	Sterling Life Insurance Company	State Tracking Number:	43348
Company Tracking Number:			
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Sterling Advertising Filing Five		
Project Name/Number:	LTC Advertising/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Third Party Authorization		Yes
Form	Long Term Care Brochure		Yes
Form	Long Term Care Worksheet		Yes

SERFF Tracking Number: LFPL-126248852 State: Arkansas  
Filing Company: Sterling Life Insurance Company State Tracking Number: 43348  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Sterling Advertising Filing Five  
Project Name/Number: LTC Advertising/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/03/2009  
Submitted Date 09/03/2009  
Respond By Date 09/17/2009

Dear Melanie Glassic,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Long Term Care Brochure, LTCG2\_20 (Form)
- Long Term Care Worksheet, LTCG2\_21 (Form)
- Cover Letter (Supporting Document)
- Third Party Authorization (Supporting Document)

Comment: AR Rule 57, Sec. 5, Subsection II, Category B, (a)(5) requires a filing fee of \$25.00 per form. Please submit the balance of the filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/03/2009  
Submitted Date 09/03/2009

Dear Marie Bennett,

### Comments:

Thank you for your communication of today regarding the correction needed to the filing fee submitted.

### Response 1

Comments: Based on the above, we are submitting an additional \$25.00.

### Related Objection 1

Applies To:

- Long Term Care Brochure, LTCG2\_20 (Form)
- Long Term Care Worksheet, LTCG2\_21 (Form)

SERFF Tracking Number: LFPL-126248852 State: Arkansas  
Filing Company: Sterling Life Insurance Company State Tracking Number: 43348  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Sterling Advertising Filing Five  
Project Name/Number: LTC Advertising/

- Cover Letter (Supporting Document)
- Third Party Authorization (Supporting Document)

**Comment:**

AR Rule 57, Sec. 5, Subsection II, Category B, (a)(5) requires a filing fee of \$25.00 per form. Please submit the balance of the filing fee.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration in regard to this filing. If you have any additional questions or concerns, please do not hesitate to contact me directly at (800) 525-7279, extension 425.

Sincerely,

Melanie Glassic  
Compliance Analyst  
Third Party Administration & Compliance Services  
LifePlans, Inc.  
mglassic@lifeplansinc.com

Sincerely,  
Bill Conley, Mary Boyden, Melanie Glassic

SERFF Tracking Number:	LFPL-126248852	State:	Arkansas
Filing Company:	Sterling Life Insurance Company	State Tracking Number:	43348
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## Form Schedule

Lead Form Number: LTCG2\_20

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LTCG2_20	Advertising	Long Term Care Brochure	Initial			LTCG2_20 woROP (Brochure).pdf
	LTCG2_21	Advertising	Long Term Care Worksheet	Initial			LTCG2_21 woROP (Worksheet).pdf





[PHOTOS MAY CHANGE]

STERLING  
LONG TERM CARE

[Policy form: LTC POL ]  
LTCG2\_20

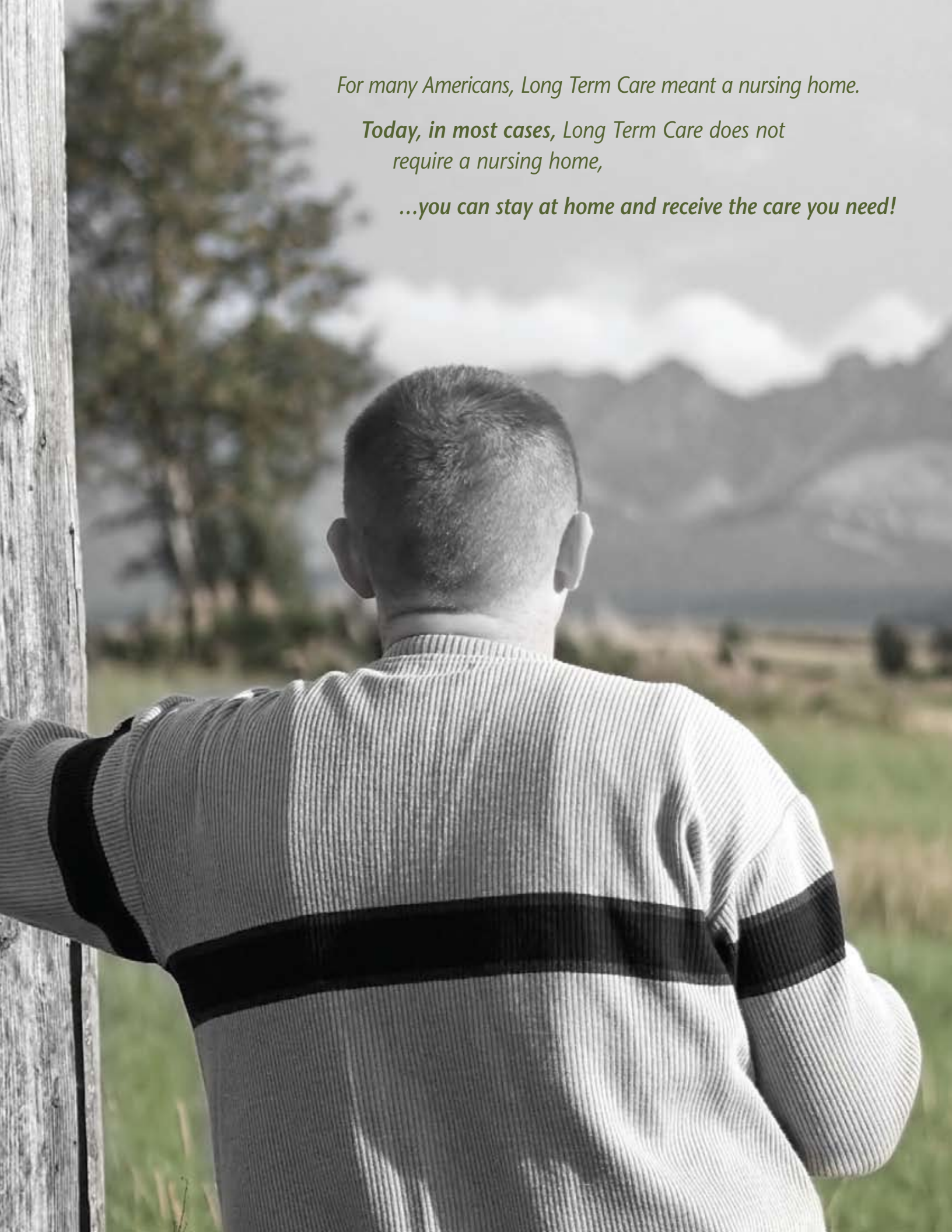
*The policy is intended to be a qualified long term care insurance contract under the federal tax code.*



*For many Americans, Long Term Care meant a nursing home.*

*Today, in most cases, Long Term Care does not  
require a nursing home,*

*...you can stay at home and receive the care you need!*



# STERLING Long Term Care

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Long Term Care is care needed when a person of any age is no longer able to care for themselves independently because of a prolonged illness, disability or accident. For many Americans, the majority of care occurs in the community - either at home, in adult day care, or assisted living facilities, the fastest growing type of care.

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## Long Term Care Services may include:

- Respite Care
- Assisted Living Facility Care
- Hospice
- Home Health Care
- Adult Day Care
- Nursing Home Care

## Qualifying for Benefits:

**For benefits to be payable, the following are required:**

- 1) You must be unable to perform at least two out of six “Activities of Daily Living” without substantial assistance due to a loss of functional capacity for a period of at least [ninety (90)] days:
  - Eating
  - Bathing
  - Dressing
  - Transferring
  - Toileting
  - Continence
- 2) OR, require substantial supervision to protect yourself from threats to health and safety due to severe “Cognitive Impairment”, for example:
  - Alzheimer’s Disease
  - Parkinson’s Disease
  - Senile Dementia
  - Other Organic Brain Disorder
- 3) A Licensed Health Care Practitioner must certify that you need care for at least [90] days.

*Note: A Plan of Care is not a prerequisite for determination of Chronically Ill.*

**NOTE: This is a brief outline only. See the policy for complete details and limitations.**





## Basic Benefits

### Daily Benefit

Select the amount of coverage you will need each day – [\$50 to \$250] in [\$10] increments.

This is the most that can be paid for any day you stay in a nursing home or assisted living facility.

### Benefit Period

Choose the benefit period you would like: [500, 1000 or 2000 days]. To determine your policy limit (pool of money), multiply your selected Daily Benefit by the number of days in your Benefit Period.

### Elimination Period

Choose the number of days of care or services that you will pay for before your policy benefits begin: [30 days, 60 days, 90 days, or 180 days].

Your Elimination Period must be satisfied only once during the life of your policy.

### Home Care / Adult Day Care Benefit

You may choose benefits for eligible charges; either calculated at [50% or 100%] of the Daily Benefit for care at home or an Adult Day Care center.

### Assisted Living Facility Benefit

If you are confined in an Assisted Living Facility, we will pay benefits for eligible charges for Assisted Living Facility care, up to your Daily Benefit.

### Nursing Home Care

If you are confined in a Nursing Home, we will pay the cost incurred during such confinement for Nursing Home care, up to your Daily Benefit.

**NOTE: This is a brief outline only. See the policy for complete details and limitations.**



# Additional Benefits

## Care Coordination

When you qualify for benefits, a Licensed Health Care Practitioner will work with you, your family, and your doctor to develop a Plan of Care. This service is provided with no cost to you and will not count against your Maximum Policy Benefit.

## Caregiver Training

We will pay up to [\$500] (lifetime maximum) for the cost to train an informal caregiver to provide proper care for you at home as long as it makes it unnecessary for you to either be in a nursing home, an assisted living facility or to receive home health care in your home from a paid provider.

## Respite Care

We will pay benefits for eligible charges, up to the Daily Benefit, of a substitute caregiver, when your informal caregiver has an emergency, becomes ill, or needs a vacation. We will pay this cost as long as you receive respite care at least [4 hours] up to [30] days during each calendar year.

## Alternative Plan of Care

We will pay benefits for eligible charges, if you receive care under an Alternative Plan that you, your Doctor, or a Licensed Health Care Practitioner, and us, agree upon in advance is appropriate and acceptable.

## Emergency Response

While you are receiving Home Health Care, we will pay the cost for the rental or lease of an emergency response system, up to [\$75] per month for up to a lifetime maximum of 12 months.

## Durable Medical Equipment

When you are receiving benefits under this policy and the equipment is included in your Plan of Care, we will pay the cost for the rental equipment up to a [\$5,000] lifetime maximum.

## Bed Reservation

If you are confined to a Nursing Home or Assisted Living Facility and temporarily leave the facility for any reason, we will pay benefits for eligible charges, up to the Daily Benefit, to reserve your bed for your return for up to [30] days during each calendar year.

## Ambulance

We will pay benefits for eligible charges for required ambulance transportation to or from a hospital or nursing home. One round trip benefit will be paid per calendar year.

## Hospice

We will pay benefits for eligible charges, up to your Daily Benefit, for the services and supplies provided by a hospice, including pain relief, symptom management and counseling. Hospice Care is not subject to the Elimination Period.

## Waiver of Premium

After you have received covered Nursing Home, Assisted Living, Home Health or Adult Day Care services for [90] consecutive days in a one year period, we won't require you to pay premiums on your policy until you have not received care for 14 days in a row, provided you have not reached the maximum policy benefit.

## Restoration

We will restore the Maximum Policy Benefit amount if the Maximum Policy Benefit has not been exhausted and you have not required Substantial Assistance to perform [two or more] Activities of Daily Living or Substantial Supervision due to severe Cognitive Impairment for [180] consecutive days.

**NOTE: This is a brief outline only. See the policy for complete details and limitations.**





## Policy Provisions

### Contingent Benefit upon Lapse Provision

If you do not choose the Optional Non-forfeiture Benefit Rider, your policy will include the Contingent Benefit upon Lapse Provision. This Benefit will begin upon a substantial premium rate increase if the policy lapses within [one hundred twenty (120)] days of the due date of the premium increase. You will be notified at least [forty-five (45)] days prior to the due date of the premium reflecting the rate increase.

On or before the effective date of a substantial premium increase, you have the option to:

- 1) Reduce policy benefits provided by your current coverage without additional underwriting so that required premium payments are not increased; or
- 2) Convert the coverage to a paid-up status with a shortened benefit period in accordance with the terms described below. This option may be elected at any time during the [120-day] period referenced above.

The Contingent Benefit will be a shortened benefit period to:

- 1) [100%] of the sum of all premiums paid for this Policy, including the premiums paid prior to any changes in benefits; or

- 2) [30] times the Nursing Home confinement Maximum Daily Benefit Amount in effect at the time of lapse.

The total benefits payable under the policy for a period of care, including this Contingent Benefit upon Lapse Provision, will not exceed the Maximum Policy Benefit.

If the Contingent Benefit upon Lapse Provision is activated, you have 3 choices:

- 1) Keep the same premium and reduce the benefits; or
- 2) Keep the same benefits and pay the additional premium; or
- 3) Keep the same premiums you paid in as your new benefit amount (or [30] times the daily amount in effect at the time – whichever is higher) and stop paying premiums.

### Renewability

You can keep your policy in force for as long as you live and we cannot change your coverage in any way as long as you pay your premium on time. If you do not pay your premium by the due date or the grace period of [31] days and you have, via the application, indicated an individual under the Protection Against Unintended Lapse, we will send a written notice of your premium due to your designated individual. This person then has [30] days to submit the premium due. We cannot change your premium unless we do it on a class basis or if the spousal discount ends.

## Optional Benefits

### Inflation Protection\*

If you include this benefit option, on each policy anniversary your Daily Benefit (and therefore your Maximum Benefit Amount), will increase by [5%] compounded annually of the current in force amount. **Additional premium is required.**

### Non-Forfeiture Benefit Option\*

If your policy lapses after [three years], we will establish a short-term benefit period based on the length of time the policy was in force. Benefits are limited to Nursing Home, Assisted Living Facility, Home Health, and Adult Day Care Services.

The minimum non-forfeiture credit shall not be less than [thirty (30)] times the daily nursing home benefit at the time of lapse. **Additional premium is required.**

**See policy for specific provisions.**

[\*Rider policy forms: LTCIPR, and LTCNFR]

## Long Term Care Payments & Discounts

### Payment Options

You may choose to pay your premium annually, monthly, or semi-annually.

### Spousal Discount

If you have a spouse and you apply for coverage, your policy premium will be reduced by [10%] upon approval.

**This policy has limitations.  
Please see your policy or the  
Outline of Coverage for complete details.**



*A Sterling Long Term Care policy  
gives you control over your  
healthcare choices.*

*You decide what  
type of care is best.*



# STERLING HEALTH PLANS

Real People. Wise Choices.

Underwritten by Sterling Life Insurance Company®

[1-866-228-5161] | [P.O. Box 5348, Bellingham, WA 98227-5348] | [[www.sterlingplans.com](http://www.sterlingplans.com)]

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# Long Term Care Plan Worksheet

*Select a plan that's best suited to your individual needs and budget.*

	Plan A		Plan B	
	You	Spouse/ Partner	You	Spouse/ Partner
<b>Nursing Home Care/Assisted Living Facility</b>				
<b>Maximum Daily Amount</b>				
Select from [\$50 - \$250] per day. This amount is the most that can be paid for Home Health Care or any day you stay in a Nursing Home or Assisted Living Facility.	_____	_____	_____	_____
<b>Maximum Benefit Amount</b>				
This is the maximum lifetime benefit your policy will pay. It is determined by multiplying the Maximum Daily Amount (above) by _____. The Benefit Period you select.	_____	_____	_____	_____
<b>Home Health Care/Adult Day Care Daily Amount</b>				
You can select either [50% or 100%] of the Maximum Daily Amount for Home Health Care and Adult Day Care.	_____	_____	_____	_____
<b>Elimination Period</b>				
This is the number of days you must receive care or services before benefits begin. The elimination period must be satisfied only once during your lifetime.	_____	_____	_____	_____
<b>Inflation Protection*</b>				
If you include this benefit option, on each policy anniversary your Daily Benefit (and therefore your Maximum Benefit Amount), will increase by [5%] compounded annually of the current in force amount.				
<b>Additional premium is required.</b>	_____	_____	_____	_____
<b>Non-Forfeiture Benefit Option*</b>				
If your policy lapses after [three years], we will establish a short-term benefit period based on the length of time the policy was in force. Benefits are limited to Nursing Home, Assisted Living Facility, Home Health, and Adult Day Care Services.				
The minimum non-forfeiture credit shall not be less than [thirty (30)] times the daily nursing home benefit at the time of lapse. <b>Additional premium is required.</b>	_____	_____	_____	_____
<b>Individual Enrollee Premium</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Premium</b>				
([10%] Spousal/Partner Discount if applicable.)	_____	_____	_____	_____

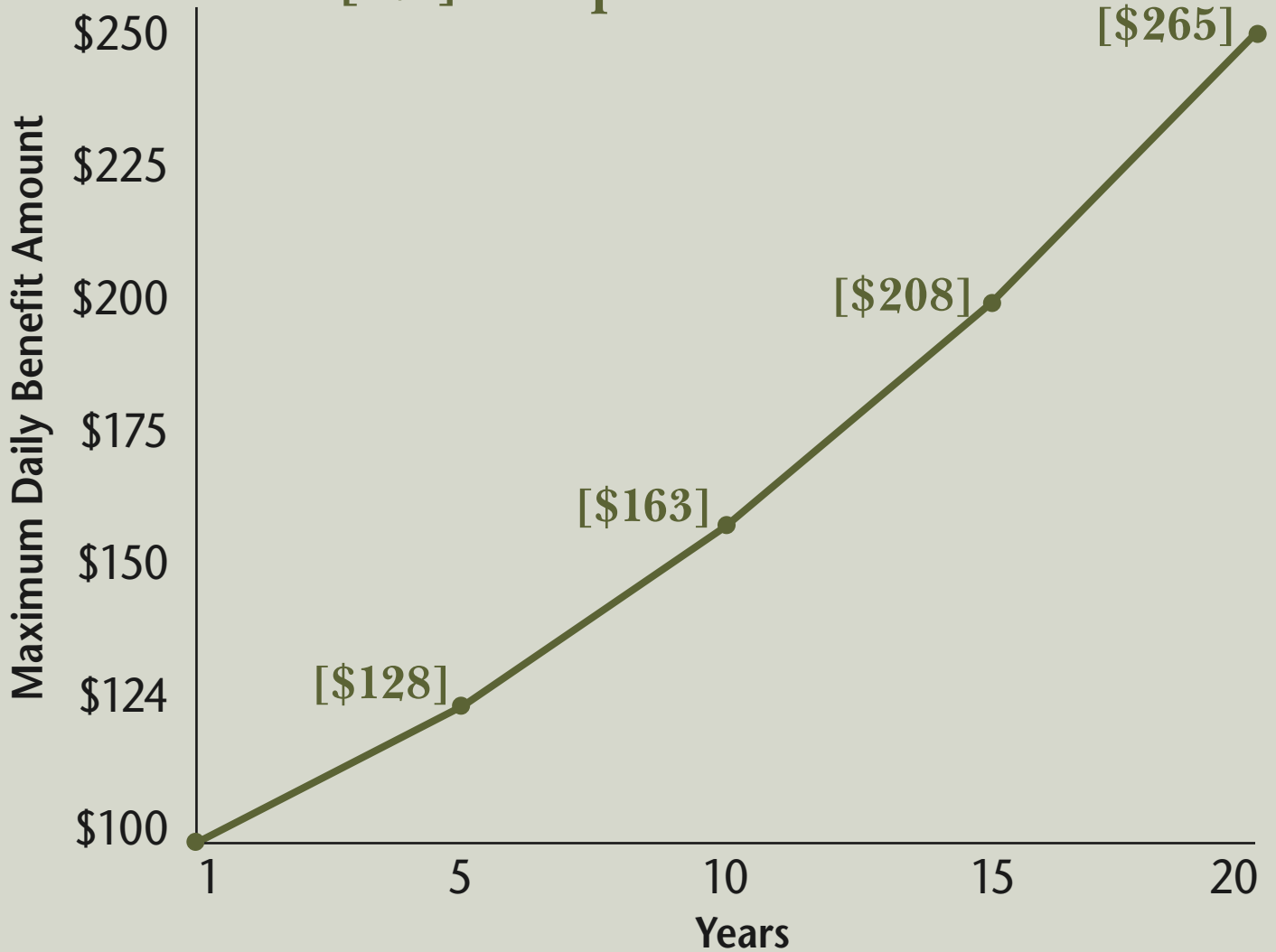
**STERLING** Long Term Care

Underwritten by Sterling Life Insurance Company

The premiums quoted on this page are subject to company review and approval. They are not binding until approved.

[\*Rider policy forms: [LTCIPR & LTCNFR]. See policy for specific provisions.

## [5%] Compound Inflation



	Maximum Daily Benefit Amount	Maximum Benefit Amount
	<hr/>	<hr/>
x [1.63] (Inflation after 10 Years)	<hr/>	<hr/>
x [2.65] (Inflation after 20 Years)	<hr/>	<hr/>



SERFF Tracking Number: LFPL-126248852 State: Arkansas  
Filing Company: Sterling Life Insurance Company State Tracking Number: 43348  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Sterling Advertising Filing Five  
Project Name/Number: LTC Advertising/

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> Attached please find a cover letter which includes the filing details. <b>Attachment:</b> DOI Letter _AR_.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization <b>Comments:</b> Attached please find the necessary third party authorization. <b>Attachment:</b> Quallified Long Term Care Filing Authorization.pdf		



51 Sawyer Road  
Suite 340  
Waltham, MA 02453  
(781) 893-7600  
Fax: (781) 647-3552  
[www.lifeplans.com](http://www.lifeplans.com)

August 26, 2009

LTC Insurance Analyst  
Arkansas Insurance Department  
Life & Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201

**Sterling Life Insurance Company**  
**Qualified Long-Term Care Insurance Filing**

FEIN Number: 13-1867829

NAIC Number: 77399

Dear LTC Analyst,

Please accept the enclosed filing on behalf of Sterling Life Insurance Company. A letter of filing authorization is attached. All correspondence should be addressed to LifePlans Inc.

We enclose for filing copies of the individual long-term care advertising material described below, for your review and approval. The material is for use with the following previously approved individual long-term care policy form:

LTCPOL-AR (03/06)                      Comprehensive Policy                      Approved 2/14/07

These advertising materials will replace the previously approved forms LTCGN\_01(4/07) and LTCAR\_03(4/07) which were approved by your Department on 6/18/08. The Company's licensed agents will sell the forms on a personal contact basis.

Thank you for your review. If you need anything further or wish to discuss this filing, please feel free to call toll-free (800) 525-7279, extension 425. If everything is in order, we will appreciate receiving your approval.

Sincerely,



Melanie Glassic, Compliance Analyst  
Third Party Administration & Compliance Services  
LifePlans, Inc.

[mglassic@lifeplansinc.com](mailto:mglassic@lifeplansinc.com)



## **LISTING OF FORMS/FORM NUMBERS**

Long Term Care Brochure	LTCG2_20
Long Term Care Plan Worksheet	LTCG2_21

DATE: July 29, 2009

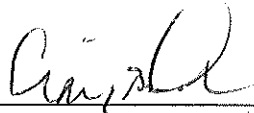
TO: State Insurance Department

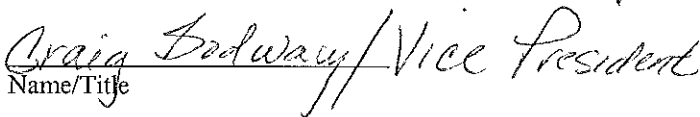
RE: Qualified Long Term Care Insurance Filings

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I hereby authorize our filing consultants Kathleen Andrews, Mary Boyden, Bill Conley, Tara Travers and Melanie Glassic of LifePlans, Inc to communicate with Insurance Department, review and submit rates, and receive information from the Department with respect to the Qualified Long Term Care Insurance filing for Sterling Life Insurance Company.

Any questions concerning this authorization should be brought to my immediate attention.

  
\_\_\_\_\_  
Signature of Company Officer

  
\_\_\_\_\_  
Name/Title